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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 37974-0197

First Inventor Noel BARRETT et al.

Title INACTIVATED INFLUENZA VIRUS VACCINE FOR NASAL OR ORAL APPLICATION

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 16]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets]
5. Oath or Declaration [Total Pages 2]
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: (1) Associate Power of Attorney (copy from prior application); (2) Copy of WO 00/47222 (PCT/AT00/00023)

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: 09 / 913,400

Prior application information: Examiner Jeffrey J. Stucker

Group / Art Unit: 1648

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

CUSTOMER NO. 26633

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

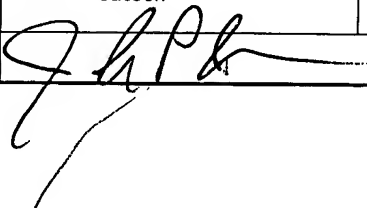
Name (Print/Type)

John P. Isacson

Registration No. (Attorney/Agent)

33,715

Signature



Date

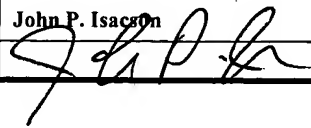
August 13, 2003

18334 U.S. PTO
08/13/03

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FEE TRANSMITTAL for FY 2003 <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$ 750.00)	
		Attorney Docket No.	

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 08-1641 (Docket No.) Deposit Account Name: Heller Ehrman White & McAuliffe LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					3. ADDITIONAL FEES				
FEE CALCULATION									
1. BASIC FILING FEE									
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid				
1001	750	2001	375	Utility filing fee	\$750.00				
1002	330	2002	165	Design filing fee					
1003	520	2003	260	Plant filing fee					
1004	750	2004	375	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)					(\$)	\$750.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
					Fee from below				
Total Claims	6	-20** =	0	x		=			
Independent Claims	3	-3** =	0	x		=			
Multiple Dependent									
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description					
1202	18	2202	9	Claims in excess of 20					
1201	84	2201	42	Independent claims in excess of 3					
1203	280	2203	140	Multiple dependent claim, if not paid					
1204	84	2204	42	**Reissue independent claims over original patent					
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)					(\$)				
*or number previously paid, if greater; For Reissues, see above									
					Other fee (specify)				
					SUBTOTAL (3)				
					(\$)				

SUBMITTED BY				Complete (if applicable)				
Name (Print/Type)	John P. Isaacson			Registration No. (Attorney/Agent)	33,715		Telephone	(202) 912-2000
Signature				Date	August 13, 2003		Customer No. 26633	